

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical equipment.</p> <p>The finding included:</p> <p>1. On 9/30/13 at 11:05 AM observation within the dietary area revealed the electric panel front cover plate was loose.</p> <p>2. On 9/30/13 at 11:08 AM observation within the dietary revealed the dietary electric panel was blocked with a food cart.</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/30/13.</p>	K 147	<p><u>K147</u></p> <p>How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The electric panel front cover plate was secured on 11/17/13. The food cart was immediately removed from in front of the electrical panel on 9/30/13.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All resident have the potential to be affected. The electric panel front cover plate was secured on 11/17/13. The food cart was immediately removed from in front of the electrical panel on 9/30/13. Dietary staff will be in serviced on no blocking electrical panel in the dietary department by 11/7/13. A Maintenance Audit will be used to ensure compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 23 2013

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WINCHESTER, TN 37398

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